



EXPRESS MAIL NO. EV449559520US

**TRANSMITTAL  
FORM***(To be used for all correspondence  
after initial filing)*

Application Number	09/902,941
Filing Date	July 10, 2001
First Named Inventor	Robert A. Henderson
Art Unit	1637
Examiner Name	Young J. Kim
Attorney Docket No.	210121.478C17

**ENCLOSURES (check all that apply)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form                                   | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> CD(s), Number of CD(s) _____  |
| <input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Request for Corrected Filing Receipt                            | <input type="checkbox"/> After Allowance Communication to Technology Center (TC)   |
| <input checked="" type="checkbox"/> Amendment/Response                          | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  |
| <input checked="" type="checkbox"/> After Final                                 | <input type="checkbox"/> Petition  | <input type="checkbox"/> Appeal Communication to TC ( <i>Appeal Notice, Brief, Reply Brief</i> )   |
| <input type="checkbox"/> Affidavits/declaration(s)                              | <input type="checkbox"/> Petition to Convert to a Provisional Application                | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Extension of Time Request                              | <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Express Abandonment Request                            | <input type="checkbox"/> Declaration   | <input checked="" type="checkbox"/> Return Receipt Postcard  |
| <input type="checkbox"/> Information Disclosure Statement; Form PTO-1449        | <input type="checkbox"/> Statement under 37 CFR 3.73(b)                                  | <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):   |
| <input type="checkbox"/> Cited References                                       | <input type="checkbox"/> Terminal Disclaimer   | <u>Copy of Revision History for NP 065144; Copy of Revision History for AF251237.1; Copy of Liu et al., Cancer Research 60.4752-4755</u> |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                 | <input type="checkbox"/> Request for Refund  |  |
| <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 |  |  |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application       |  |  |




**Remarks****SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Individual Name	Carol D. Laherty, Ph.D.	Customer Number <b>00500</b>
Signature		
Date	June 15, 2004	

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